## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2004

Application or Docket Number

09/805911

		CLAIKS		S FILED - PART I		oluma 2)		SMALL ENTITY		. OS	OTHER THAN R SWALL ENTITY	
TOTAL CLAIMS			1		1	OTTIVE 7	] -	RATE	FEE	. O.A	RATE	FEE
FOR			NUMBER	NUMBER FILED		NUMBER EXTRA		BASIC FE	<del></del>	1	BASIC FEI	<del></del>
TOTAL CHARGEABLE CLAIMS			<b></b>		, and the second		ł		1 000.00	104	<del>                                     </del>	7 730.00
1	OTAL CHARGE	ABLE, CCAIMS	minus 20=					X\$ 25:	<u> </u>	OR	X501=	
11-	DEPENDENT (		minus 3 =			·		X km=		OR	X200=	
L	ULTIPLE DEFE	NDENT CLAIM I	PRESENT					+150=		OR	+300=	-
11	f the differenc	e in column 1 is	less than z	ess than zero, enter "0" in c			ı	TOTAL		OR	TOTAL	
	. (	CLAIMS AS	AMENDE	MENDED - PART II				:	•			THAN
_	·····	(Column 1)	<del>, ,</del>	(Column 2) (C			stumn 3) SMALL			OR	SMALL	ENTITY
AMENDMENTA	11305	REMAINING AFTER AVENDMENT		NUME PREVIO PAID F	ER USLY	PRESENT EXTRA	( I D() -		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 50	Minus	- 6	8	=				OR	X\$50=	
AME	Independent	. 3	Minus			=		×100:		OR	X200=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+150=l		OR	4300=/	
							L	TOTAL	·	100	TOTAL	<b></b>
	(Column 1) (Column 2) (Column 3)							VOOIT, FEE	l	10	DOIT. FEE	
AMENDMENT B	· · · · · · · · · · · · · · · · · · ·	CLAIMS	T	HIGHE	.57		Г	·	ADDI-	[		ADDI-
		REMAINING AFTER AMENDMENT		ELIUN ICIVERA A DIAG	USLY	PRESENT EXTRA		FATE,	TIONAL FEE		RATE	TIONAL FEE
	Total		Minus	\$~\$		=:		` <b>χ</b> 25=		OR	X50=	
ME	Independent	±	Minus	gert		=		X 100=		OR	X200=	
	FIRST PRESE	NTATION OF MI	JUTIPLE DEF	PENDENT	CLAIM		*				23%	
								+150=		OR	+300=	
	·							TOTAL DOIT, FEE		OR ,	TOTAL DOM, FEE	
,	(Column 1) (Column 2) (Column									. ~		
AMENDMENT C		CLAIMS REMAINING AFTER · AMENOMENT		HIGHE NUMBE PREVIOU PAID FO	er <i>I</i> sly	PREȘENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL ,FEE
	Total	<b>*</b>	Minus -	#1		<b>=</b>		X25!=		OR	X\$50=	
	Independent		Minus	***	·	÷.	<b> </b>	x <u>i</u> w =		OR	X200:	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+	+150=		. [		
• #	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+300=	
t	the Tighest Num the Highest Num	TOTAL OUT. FEE		ori A	TOTAL DOTT, FEE							
1	The "Highest Num	ber Previously Paid	For Clotal or	independent !	d is the l	io, auc. highest ir rat.er	loure	in the app	ropriate box	in cotu	ma 1	·
			••						*	•		